

STATE OF CALIFORNIA  
DEPARTMENT OF JUSTICE  
FIREARMS DIVISION

## APPLICATION FOR CERTIFICATE OF ELIGIBILITY

See reverse side for instructions and fees.

**APPLICATION FOR:** (check appropriate box)

- ☐ **New Certificate** **L** Applicant Tracking Identifier Number: \_\_\_\_\_
- ☐ **Annual Renewal** **L** Certificate of Eligibility Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**NOTE: One application form per person.**

**A. APPLICANT INFORMATION**

Name (Last) (First) (Middle) M / F Date of Birth Driver's License Number

United States Citizen: Yes ☐ No ☐ **IF NO** **L** \_\_\_\_\_  
Country of Citizenship Alien Registration # or I-94 #

☐ Check if new mailing address \_\_\_\_\_  
Social Security Number

Mailing Address City County State Zip Code ( ) \_\_\_\_\_  
Home Telephone Number

Physical Address - if different City County State Zip Code ( ) \_\_\_\_\_  
Daytime Telephone Number

**B. BUSINESS TYPE** (check appropriate box(es))

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Importer (I)   | <input type="checkbox"/> Wholesaler / Distributor (W) | <input type="checkbox"/> Store Manager (B)    |
| <input type="checkbox"/> Collector (C)  | <input type="checkbox"/> Pawnbroker (N)               | <input type="checkbox"/> Gunsmith (G)         |
| <input type="checkbox"/> Firearms Dealer (D)                                      | <input type="checkbox"/> Manufacturer (M)             | <input type="checkbox"/> Explosive Permit (X) |
| <input type="checkbox"/> Gun Show Promoter (P)                                    | <input type="checkbox"/> Shooting Range (S)           | <input type="checkbox"/> Other (O)            |
| <input type="checkbox"/> Employee (E)* <b>Record dealership information below</b> | <input type="checkbox"/> Prop Master (T)              | _____ (Indicate type)                         |

\*Name of Dealership: \_\_\_\_\_ \*Dealer CFD Number: \_\_\_\_\_

**C. CERTIFICATION**

*I declare under penalty of perjury (Sections 118 et seq., and 672 PC) that all statements made by me on this application are true and complete. I expressly authorize DOJ to perform firearms eligibility checks of all relevant state and federal databases, including the National Instant Criminal Background Check System.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

See reverse side for instructions and fees.

STATE OF CALIFORNIA  
DEPARTMENT OF JUSTICE  
FIREARMS DIVISION

## INSTRUCTIONS FOR CERTIFICATE OF ELIGIBILITY APPLICATION

(California Penal Code Section 12071)

### NEW APPLICANTS

#### ***FINGERPRINT SUBMISSION REQUIREMENTS:***

You must submit your fingerprint impressions before submitting this application form to the Department of Justice (DOJ). To submit fingerprint impressions, you must take a completed Request for Live Scan Service form (BCII 8016) to a Live Scan station. Please refer to [www.ag.ca.gov/fingerprints](http://www.ag.ca.gov/fingerprints) for Live Scan station location information. Have the Live Scan station submit your fingerprint impressions to both DOJ and FBI. You must pay the Live Scan operator a **\$32** DOJ fingerprint processing fee, a **\$24** FBI fingerprint processing fee, as well as the Live Scan operator's fee (Note: the Live Scan operator fee varies by Live Scan site, and the Firearms Division does not regulate or set this price).

The Live Scan operator will provide an Applicant Tracking Identifier (ATI) number on your copy of the Request for Live Scan Service form (BCII 8016). The ATI number documents your fingerprint submissions. You must enter your ATI number on the designated space of your Certificate of Eligibility (COE) Application.

#### ***NEW APPLICATION FORM SUBMISSION REQUIREMENTS:***

Complete the COE application form, being sure to include your Live Scan ATI number. Only one applicant per form. For more than one applicant per firearms dealership, each individual must complete a separate application form and submit fingerprint impressions via Live Scan to DOJ and FBI. Check the appropriate business type box(es). If you are applying for a COE as an employee of a California Firearms Dealer, you must provide the name of the dealership and the dealership's California Firearms Dealer (CFD) number. If your business type is not listed, check the 'Other' box and indicate the type of business on the line beneath the box. You must sign and date the certification. It is suggested that you retain a copy of the completed application for your records. The COE application processing fee is **\$22**. Submit your completed COE application with a **\$22** check or money order payable to Department of Justice to:

**Department of Justice, Firearms Division - COE, P.O. Box 820200, Sacramento, CA 94203-0200**

### RENEWAL APPLICANTS

The COE annual renewal fee is **\$22**. Fingerprint submissions are not required for annual renewal applications. Complete the COE application, being sure to include your COE number and expiration date. Check the appropriate business type box(es). If you are applying for a COE as an employee of a California Firearms Dealer, you must provide the name of the dealership and the dealership's California Firearms Dealer (CFD) number. If your business type is not listed, check the 'Other' box and indicate the type of business on the line beneath the box. You must sign and date the certification. It is suggested that you retain a copy of the completed application for your records. Submit your completed COE application with a **\$22** check or money order payable to Department of Justice to:

**Department of Justice, Firearms Division - COE, P.O. Box 820200, Sacramento, CA 94203-0200**

#### ***QUESTIONS:***

If you have any questions, please contact the Firearms Division at (916) 227-5367.



# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI: CA0349400 Type of Application: Firearms Eligibility Cert  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Certificate of Eligibility

Agency Address Set Contributing Agency:  
Department of Justice, Firearms Division 02879  
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)  
P.O. Box 820200 Firearms Lic. Permits Unit  
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)  
Sacramento, California 94203-0200 916-227-3694  
City State Zip Code Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(please print) Last First MI  
Alias: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Last First  
Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female Misc. No. **BIL-** N/A  
Agency Billing Number (if applicable)  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. No: \_\_\_\_\_  
Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Street or P.O. Box  
Place of Birth: \_\_\_\_\_  
City, State and Zip Code  
SOC: \_\_\_\_\_

Your Number: N/A Level of Service DOJ: ☒ FBI: ☒  
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)  
N/A  
N/A  
Employer Name  
N/A N/A  
Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)  
N/A ( ) N/A  
City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI: CA0349400 Type of Application: Firearms Eligibility Cert  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Certificate of Eligibility

Agency Address Set Contributing Agency:  
Department of Justice, Firearms Division 02879  
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)  
P.O. Box 820200 Firearms Lic. Permits Unit  
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)  
Sacramento, California 94203-0200 916-227-3694  
City State Zip Code Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(please print) Last First MI  
Alias: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Last First  
Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female Misc. No. **BIL-** N/A  
Agency Billing Number (if applicable)  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. No: \_\_\_\_\_  
Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Street or P.O. Box  
Place of Birth: \_\_\_\_\_  
City, State and Zip Code  
SOC: \_\_\_\_\_

Your Number: N/A Level of Service DOJ: ☒ FBI: ☒  
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)  
N/A  
N/A  
Employer Name  
N/A N/A  
Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)  
N/A ( ) N/A  
City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_